Optional Form 630-A (Jun 89)
U.S. Office of Personnel Management

REQUEST TO DONATE LEAVE TO LEAVE RECIPIENT UNDER THE LEAVE TRANSFER PROGRAM (Within Agency)

I request that annual leave be transferred to the leave account of the approved leave recipient named in block #9. This recipient is not my immediate supervisor. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand that if I am projected to forfeit leave during this leave year, the amount of leave I am transferring may not exceed the number of hours remaining in the leave year for which I am scheduled to work. The amount of leave I am transferring also is not more than half the hours I will earn this year. I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave remains after the recipient's medical emergency has terminated, I can elect to have a pro-rated share returned to me during either the current leave year or the following leave year, or I can elect to donate my pro-rated share to another leave recipient. However, to do so, I must remain employed by a federal agency and be subject to chapter 63 Title 5, U.S.C., on the date the medical emergency terminated. I have not been direct or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

PRIVACY ACT STATEMENT:

This program is voluntary; however, solicitation of this information is authorized by P.L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the leave donation. It may also be disclosed to a National, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal rule or regulation; or to another agency or court when the Government is party to a suit. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN). Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the request to donate leave.

TO BE COMPLETED BY LEAVE DONOR

1. Name (Last, First, Middle	**2. SSN#**	**3. Employee #**
4. Position Title, Pay Plan and Grade Level		
5. Name of Organization (Agency, Department, Office, Division, Branch, etc.)		
6. Amount of annual leave as of end of last pay period	**7. Amount of leave projected to forfeit this leave year as of end of last pay period**	**8. Amount of leave to be transferred**
9. Individual's Name or Social Security Number to whom leave is being donated		
10. Signature	**11. Date signed**	

- **LEAVE DONOR – Submit this form to your activity head or activity head designee (Executive Officer or Chief Staff) for approval/disapproval.**

RECOMMENDED **/ / Approved / / Disapproved**	**Signature of Leave Donor's Activity Head or Activity Head Designee:**

- **ACTIVITY HEAD/ACTIVITY HEAD DESIGNEE – Please forward to Head of Civilian Payroll for certification and execution of request.**

*** CERTIFICATION ***

I certify _____ hours of annual leave has been transferred to _____.
If there is any unused annual leave in Mr./Ms. _____ account at the termination of his/her medical emergency, you will be entitled to have a portion of that leave restored.

_____ _____
HEAD, CIVILIAN PAYROLL DATE SIGNED

Optional Form 630-B
June 1989
U.S. Office of Personnel Management

REQUEST TO DONATE LEAVE TO LEAVE RECIPIENT UNDER THE LEAVE TRANSFER PROGRAM (*Outside Agency*)

I request that annual leave be transferred to the leave account of an approved leave recipient. This recipient is not my immediate supervisor. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand that if I am projected to forfeit leave during this leave year, the amount of leave I am transferring may not exceed the number of hours remaining in the leave year for which I am scheduled to work. The amount of leave I am transferring also is not more than half the hours I will earn this year. I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave remains after the recipient's medical emergency has terminated, I can elect to have a pro-rated share returned to me during either the current leave year or the following leave year, or I can elect to donate my pro-rated share to another leave recipient. However, to do so, I must remain employed by a Federal agency and be subject to chapter 63 Title 5, U.S.C., on the date the medical emergency terminated. I have not been direct or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

PRIVACY ACT STATEMENT:

This program is voluntary; however, solicitation of this information is authorized by P.L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the leave donation. It may also be disclosed to a National, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal rule or regulation; or to another agency or court when the Government is party to a suit. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN). Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the request to donate leave.

PART A - TO BE COMPLETED BY LEAVE DONOR

1. Name (Last, First, Middle	2. Social Security Number	3. Employee Number

4. Position Title, Pay Plan, and Grade/Pay Level	5. Relationship of Leave Donor to Leave Recipient (*if any*)

6. Leave Donor's Agency (Agency, Department, Office, Division, Branch, etc.)

7. Amount of annual leave as of end of last pay period	8. Amount of leave projected to forfeit this leave year as of end of last pay period	9. Amount of leave to be transferred

10. Leave Recipient's Name, Agency, Agency's Address, Organization (Agency, Department, Office, Division, Branch, etc.)

11. Leave Donor's Signature	Date signed

PART B- TO BE COMPLETED BY EMPLOYING AGENCY OF LEAVE DONOR

INSTRUCTIONS Upon completion and approval of this form, forward a copy to the leave recipient's employing agency as soon as possible so that the transfer of leave can take place.

12. Enter the amount of annual leave to be credited to the Leave Recipient's Annual Leave Account

13. If the agency is waiving the maximum limitations for leave donation under the Voluntary Leave Transfer Program, describe the special circumstance that warrants the waiver.

14. Name of Agency contact who can provide further information	Telephone Number

I certify that the leave donor currently has sufficient annual leave in his/her annual leave account to make a donation for the requested amount of annual leave and that the amount of the donation does not exceed the maximum limitations for leave donation under the Voluntary Leave Transfer Program.	Signature of Authorizing Official and Date Signed

APPLICATION TO BECOME A LEAVE RECIPIENT

Furnishing the SSN, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application.

Name:_____**SSN**:_____

Position/Series/Grade:_____

Command/Work Phone Number:_____

Nature of Emergency:_____

Pregnancy and Childbirth: **Yes** **No**

Individual affected by emergency: **SELF** **FAMILY MEMBER**

Physician who will verify medical emergency:_____

Date medical emergency began: _____ **Expected to end:** _____

Estimated number of hours needed: _____

Is donated leave to be substituted for LWOP or advanced Leave: YES/NO

Attachments:

- SF-71, Approved Leave Request, **copy of**
- Latest Leave and Earnings Statement, **copy of**
- Documentation of Medical Emergency (to include diagnosis, prognosis, and duration of the medical emergency)

Supplemental Information for Applicants: Documentation must be provided to your supervisor on at least a monthly basis to support your medical emergency. Approval as leave recipient does not constitute approval of leave. You must still request leave from your supervisor. Eligibility for leave transfer terminates:

(a) When you are able to return to duty,
(b) When your employment is terminated with your present activity,
(c) At the end of the pay period when it is determined by the approving official that you are no longer affected by a medical emergency, or
(d) At the end of the pay period in which notification of your application for disability retirement has been approved.

Name of individual completing the application:_____

I CERTIFY THE ABOVE INFORMATION IS TRUE (Before signing, see page 2 of this form.)

SIGNATURE/DATE:_____

ENDORSEMENTS: If disapproval is recommended, attach your written reason and forward this request to the next level for consideration.

IMMEDIATE SUPERVISOR:

Recommend Approval? **Yes** **No** **Initial & Date: _____**

DEPARTMENT HEAD:

Recommend Approval? **Yes** **No** **Initial & Date: _____**

FORWARD THIS FORM TO HRO Code 520 for processing.

INSTRUCTIONS FOR THE SUPERVISOR:

If the Leave Recipient Application is approved, the recipient must provide you with documentation on at least a monthly basis to support the continuation of the medical emergency. The recipient's eligibility terminates when the recipient:

(a) is able to return to duty,

(b) is separated from the activity,

(c) at the end of the pay period after the approving official determines the medical emergency ceases, or

(d) at the end of the pay period in which a disability retirement application is approved.

Additionally, you must notify HRO Code 520, when the employee's medical emergency terminates.

PRIVACY ACT STATEMENT. Participation in this program is voluntary; however, solicitation of this information is authorized by PL 100– 566 (October 31, 1988). The information furnished will be used to identify records properly associated with the leave donation. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or regulations; or to another agency or court when the Government is party to a suit. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN). Furnishing the SSN, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application.